

REPORT to the COMMUNITY

“We are here to serve you.”

Our Community Board of Trustees



Pictured above are Board Members: Back Row -Left to Right: Wayne T. Terry, WCH Administrator; Wally Ripple, Wallsburg; LeRoy Kohler, Midway; J. Richard Nielson, Midway; John Bergen, Francis; George Holmes, Heber City. Front Row: Elaine Murdock, Heber City; Lorin Allred, Heber City, RoJean Addley, Vice Chairperson of the Board, Duchesne; Ken Smith, Chairman of the Board, Heber City. (Not pictured: Dr. Neal J. Burton, Charleston.)

“We, as your friends and neighbors, want to thank you for all your past support. Being your representatives on the Community Board, we welcome any suggestions or concerns you might have.”

Ken Smith, Chairman

by Ken Smith, Board Chairman

As members of the Community Board of Trustees of Wasatch County Hospital, we are appointed to see that the best interests of the people of our service areas are met.

Our board consists of 12 members representing all areas of Wasatch County and parts of Summit and Duchesne counties.

Any thought a new board member may have of becoming part of a “rubber stamp” process is soon evaporated during the new board member’s orientation. The point is made very clear: **they are becoming part of a group which is ultimately responsible for the health care given by our hospital.**

The ever increasing challenges faced by hospitals in the United States are equally as challenging to Wasatch County Hospital. **Some of these challenges are to provide the highest quality of health care, provide it within a strictly regulated atmosphere and keep cost within reason.**

At Wasatch County Hospital, we are meeting these challenges. Our hospital is leased and managed by Intermountain Health Care, Inc. (IHC). Our hospital board has the opportunity to represent our community as a voice to IHC. This has enabled us to implement programs unique to our service area and, in some cases, changed IHC’s programs when we have felt they were not in the best interest of our community. IHC has been both flexible and responsive to our community’s needs and will continue to do so in the future.

Also, with our participation in the IHC system, we are able to draw upon the larger hospital system for support services which otherwise, we would not be able to afford. If we were not a part of this fine system, our hospital costs would dramatically increase to the consumer.

Our county’s decision to lease our hospital to the not-for-profit hospital system enabled our area to keep a quality, well-managed and extremely responsive hospital in our area when many county hospitals are being forced to close.

Our board sees many challenges ahead. The continued support of our doctors, hospital staff and members of the communities which we serve, are needed to help us meet these challenges. Continued input from you, through your community board of trustees, will insure that the hospital remain responsive to the health care needs of communities we serve.

Excellent Service . . . Our M

Health Care Does Cost, But Why?

By Wayne T. Terry, Administrator



The business of health care in our community involves everyone. It becomes even more important when we need the services of our doctors and hospital. The American lifestyle continues to move in the direction of preventative care through better diets and exercise. People today are living longer and healthier lives, so the need for hospital and doctor services is declining.

When we think of our community hospital, we think of a good neighbor that is always there when we need it. To many rural communities across the nation, the good neighbor, taken for granted, is no longer there. It has become the victim of declining hospital occupancy rates which hit an all time low in 1985 of 63.3 percent according to the American Hospital Association. Many rural hospitals are below 50 percent occupancy. Certainly the changing lifestyle of Americans is one reason for the declining census. But, there are other important factors.

The new Federal Government prospective pricing system, as it relates to Medicare and Medicaid patients, has caused considerable hardship on many rural hospitals. We are treating sicker patients, paying higher malpractice insurance premiums and experiencing an increasing burden of indigent and charity care.

One in every eight Americans (33 million) has no health insurance - either private or public. Someone must

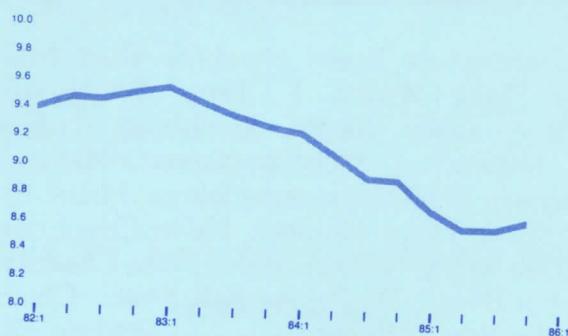
shoulder the burden for the care of these unfortunate people. Certainly, hospitals cannot be expected to assume the entire responsibility. Federal, state and local governments must assume responsibility for solving this growing problem.

Under our current system, when someone uses the services of the hospital and fails to pay the bill, for whatever reason, we all share in the cost through increased insurance premiums and direct payment for services.

Recently, someone said upon receipt of their hospital bill, "Boy, that hospital certainly makes money." Unfortunately, this is a perception that many have of hospitals. It is true, the cost of health care is expensive - who is to blame? We all are. The government because of heavy regulations, insurance companies due to the extraordinarily high claims paid through litigations, physicians, hospitals and consumers of health care. We demand the best and the best costs a lot. Let's put the blame in perspective. We all have a responsibility to help control the high cost of health care.

We, at Wasatch County Hospital, will continue to do our best to keep costs down. We are proud of our good neighbor image and proud to serve the people of our communities. Our commitment to you is that our services must be high quality, cost-effective and accessible. Achieving a balance between community needs and available resources. We salute all who join us in this important effort.

Total Admissions



Number of admissions
in millions

Most Important Consideration

Home Health Care An Alternative

Home health care programs are on the increase in the United States and are becoming an alternative to hospitalization. At Wasatch County Hospital (WCH), we feel obligated to see that our patients receive the care they need until they are fully recovered.

But, what exactly is home health care and who qualifies for such a program? Home health care is: health care brought to the home for patients of all ages requiring services due to acute illness, chronic illness, disability or terminal illness in order to achieve or sustain the optimum state of health.

WCH's Home Health Care program is based on the philosophy that health is a state of complete physical, mental and social well-being. It is not merely the absence of disease or infirmity. Our program is designed to bring all the resources of our hospital – skilled professionals, specialized equipment and personal care – into the comfortable setting of your home at a lower cost to you.

Who qualifies for Home Health Care?

- Homebound patients.
- Patients requiring skilled treatment.
- Patients requiring rehabilitative treatment.
- Patients receiving physicians' orders for home health care.

Who pays for Home Health Care?

- Medicare.
- Medicaid
- Many private insurers.
- Private parties.

Home health care also provides home IV programs where a patient is taught how to connect and use IV's in the comfort of their homes. A trained nurse will provide the training, medication and will change the dressing for the patient. The actual connection of the IV each day is done by the patient. The benefit is to the patient since they need not be hospitalized for medication.

Home health care also operates Lifeline, an electronic "help button" a patient wears around their neck or wrist they can press if they are not feeling well. Once the unit is activated, the electronic machine will call an emergency center for help. Within minutes, help will arrive to assist that person who called for help.

Patients who use home health care services are put at ease because they are in the comfort of their home. They also feel independence which they can't feel at the hospital. They can eat, use the telephone, entertain visitors and watch television as they please. Home health care patients experience fewer hospital readmissions and emergency situations because continuous professional care allows early detection of complications before they become major health problems. Patients benefit financially because costly inpatient stays are shorter.

Kim Van Wagoner directs the home health care program for this area. He is also a registered nurse who travels to patients homes for treatment. Kim is also available to give lectures and seminars on home health care. For further information regarding home health, call Wasatch County Hospital at 654-2500, ext. 229.

WCH Offers New Service



Wade Merrill, MSW

The tremendous pressures of everyday life can take their toll on even the most stable personality. It's nothing to be ashamed of. The most important thing is knowing that help is available if you or a family member need it.

The newly created department of Behavioral Medicine of Wasatch County Hospital (WCH) offers treatment programs designed to help both children and adults who are experiencing difficult emotional problems, or who have psychological factors affecting their physical health.

Wade Merrill, MSW, is the specialist heading up the behavioral program at WCH on the "out reach" program from Utah Valley Regional Medical Center. He is here two days, Monday and Wednesday and will come more frequently as the patient load increases.

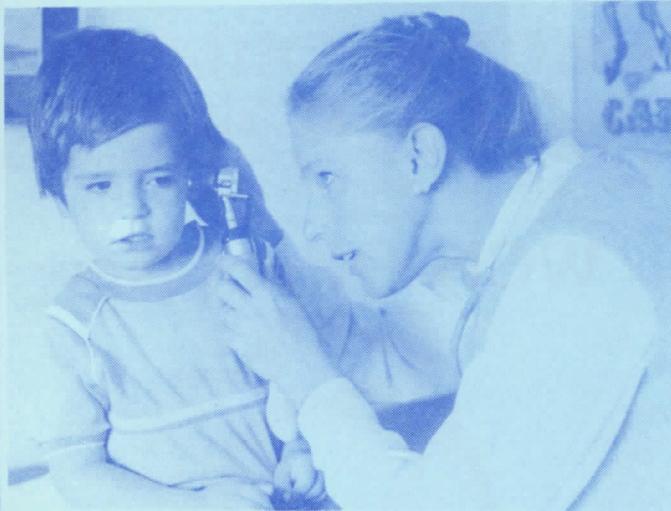
He offers counseling in stress management, eating disorders, PMS, drug and alcohol abuses, child/parent relations, chronic pain, depression and more.

According to Merrill, physical problems and illness are often related to stress, or some emotional disorder. Therefore, the cause(s) of illness need to be addressed as well as the physical side effect.

Merrill is also available to give lectures to organizations on any related topic. Call the hospital for information regarding appointment, lectures and questions you may have.

Physician Profile

Dr. Kitty Ferguson



When Dr. Katherine (Kitty) Ferguson was asked by her grandfather what she wanted to be when she grew up, the six-year-old exclaimed boldly, "I want to become a doctor."

"You mean a nurse, don't you?" her grandfather asked.

"No! a doctor!" she said with greater emphasis.

Dr. Ferguson did just that, she went through medical school, at the University of Texas, and became a medical doctor.

Dr. Ferguson, who did her residency at the University of Utah Medical Center, is the pediatric specialist for Heber City.

"I was going into family practice," she said, "but I was fascinated with the developing stages of children and decided to go into pediatrics."

Not only does she love children, but also the country life.

"I grew up in a small town and didn't really want to practice medicine in a large city," she said. "While going camping one day, we drove through Heber City and we were impressed with the surroundings. So, we decided to set up our practice here in the beautiful valley."

Since she opened her practice three years ago, Dr. Ferguson has made significant contributions to the hospital and to the area.

One such notable contribution is the nursery committee, where Dr. Ferguson and several medical staff members updated the protocol for infant care at Wasatch County Hospital. Such areas include emergency care, incubation, IV's, remodeling the nursery, neonatal monitor and more.

Also, the committee trains and certifies all nurses and nurses aides who work in the nursery concerning the policies and procedures for newborn care.

Soon, the committee will take on additional responsibilities, said Dr. Ferguson, by reviewing and updating policies and procedures for pediatric care.

"This committee has been a tremendous help in redefining roles and procedures for infant care," she said. "I believe the care infants receive here is excellent."

Dr. Ferguson is also interested in teaching safety tips to parents for accident reduction in the community.

"Children are not safety conscious," Dr. Ferguson said. "And parents need to know what to expect a child will do at certain ages."

In January 1987, Dr. Ferguson will be named President of the Medical staff, who heads the medical team at Wasatch County Hospital. Some of her goals include continuing medical education for doctors, understanding more fully the needs of the community and increasing interaction with other hospitals in the Wasatch Front.

Not only does Dr. Ferguson enjoy medicine, but also horses. She enjoys showing her horses and is proud of how they place.

Dr. Ferguson is married to Dr. William Ferguson, also a medical doctor specializing in family practice. They both work together in their office across from the hospital.

They have three children: boys, 16 and 10, and a girl seven-years-old.

"I really enjoy my family," she said. "We have a lot of fun and enjoy doing things together as a family."



Meet Our Medical Staff

FAMILY PRACTICE

Jack D. Boggess, MD
Wayne D. Bosworth, MD
Neal J. Burton, MD
William W. Ferguson, MD

Ross E. Jensen, MD
Stanton McDonald, MD
George D. Pitts, MD

PEDIATRICIAN

Katherine S. Ferguson, MD

UROLOGY

Joseph R. Armstrong, MD
Duane E. Davis, MD

Herbert B. Spencer, MD
Ronald I. Oldroyd, MD

(These doctors see patients at WCH once a week from their Provo office.)

EAR, NOSE AND THROAT

David Hilding, MD

DENTIST

William S. Danley, DDS
Leo Vaun Mikesell, DDS



WCH Takes Another Step Forward...

Wasatch County Hospital will soon be marketing a new computer software package designed to cut down on the tremendous paper work in nursing.

The creator of the program, Randall Probst, assistant administrator, says the program will change the charting time for each patient from 30 minutes to just a few minutes.

Charting is where a nurse writes out the diagnosis, treatment and/or medications given, progress report and care plan on each patient.

As always, Wasatch County Hospital is committed to finding the best possible system in aiding our staff to give quality cost-effective care to our patients.